

□ Duplicate

REQUEST **FOR** CONTINUED EXAMINATION (RCE) **TRANSMITTAL**

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/813,034
Filing Date*	March 31, 2004
First Named Inventor	YOU
Group Art Unit	1797
Examiner Name	N.A. Bowers
Attorney Docket No.	3162-11

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

	o	a. T	a. The Amendment/Reply filed on									
		b. T	The Information Disclosure Statement (IDS) filed on (date):									
		c. T	The Brief/Reply Brief filed on (date):									
		d. T	The page(s) of Form PTO-1449 and copy of each listed document filed (date):									
	Ø	e. C	Other: Amendment Under 37 C.F.R. § 1.116 filed herewith.									
×	2.	A TH	<u>THREE -</u> month Petition for Extension of Time is filed herewith.									
	3.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.										
Ø	4.	Authorization to charge credit card (PTO-2038 attached) in the amount of \$960 to is attached to cover the Small Entity Filing Fee (\$405) and the Small Entity Extension Fee (\$555).										
	5.	This F	This Request is transmitted by facsimile to number (703)									
	図 6. Other: Claim to Priority, certified priority document and verified translation thereof.											
×	6.	Othe	: Cla	im to	Prio	rity, ce	ertified priority docu	ment and verified t	ransla	tion thereo	f	
×	6.	Other			_		ertified priority docu CALCULATED AS FO		ransla	tion thereo		
×		Other	Th		_			OLLOWS:	0.00	· -		
	7		Th	HE RO	_	EE IS (CALCULATED AS FO	OLLOWS: eviously paid for) =		Basic Fee	s: \$810.00	
Ind	ependerespo	Total Claident Claidentee	ms: Addres	HE RO 6 1 ss: V OF		20 3	CALCULATED AS FO (highest number pro (highest number pro	OLLOWS: eviously paid for) =	0.00	Basic Fee X \$18 = X \$86 =	9: \$810.00 0 0	
Ind	ependrespo TRO	Total Claident Clain	ms: Addres	HE RO	E FI - - FICE ke, \$	20 3 PLLC Suite	CALCULATED AS FO (highest number pro (highest number pro	DLLOWS: eviously paid for) = eviously paid for) =	0.00	Basic Fee X \$18 = X \$86 =	9: \$810.00 0 0	
Ind	respo TR(520 Fal	ondence DXELL 5 Lee Is Chu	ms: Addres	HE RC 6 1 ss: V OF rg Pil VA	FICE ke, \$	20 3 PLLC Suite	CALCULATED AS FO (highest number pro (highest number pro	DLLOWS: eviously paid for) = eviously paid for) =	0.00 0.00 tt Claim (Basic Fee X \$18 = X \$86 = add \$280.00): Subtotal:	9: \$810.00 0 0 0 \$810.00	
Ind Cor	responsible from the second se	ondence DXELL 5 Lee Is Chu	ms: Address LAVesbuirch,	HE RC 6 1 ss: V OF rg Pil VA	FICE ke, S	20 3 PLLC Suite 41	CALCULATED AS FO (highest number pro (highest number pro	ously paid for) = eviously paid for) = Multiple Dependen	0.00 0.00 tt Claim (Basic Fee X \$18 = X \$86 = add \$280.00): Subtotal:	9: \$810.00 0 0 0 \$810.00 \$405.00	

Bruce H. Troxell

12/30/2008 SSANDAR1 00000013 10813034

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405.00 OP

26,592

December 23, 2008



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		a. The Amendment/Reply filed on											
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	THE RCE FEE IS CALCULATED AS FOLLOWS: Basic Fee:									: \$810.00			
Total Claims: 6 -			20	(highest number previously paid for) =		0.00	X \$18 =	0					
Ind	Independent Claims: 1 -			3	(highest number previously paid for) =		0.00	X \$86 =	0				
							Multiple Depender	ndent Claim (add \$280.00): 0					
5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041						1404	Subtotal:			\$810.00			
CUSTOMER NUMBER: 40144						0144	50% Reduction if Small Entity Status:			\$405.00			
Р	hone	e: 703-5	75-271	1	Fa	x: 703-575-2707	Total: \$40			\$405.00			
Date: Name:						Namo:	, Sir	anature:		Rea No			

Bruce H. Troxell